

1 CIR/DIST / DIV CODE		2 PERSON REPRESENTED CONGYING ZHENG		VOUCHER NUMBER			
3 MAG DKT /DEF NUMBER		4 DIST DKT /DEF NUMBER 21-CR-00265-PKC		5 APPEALS DKT /DEF NUMBER		6 OTHER DKT NUMBER	
7 IN CASE/MATTER OF (Case Name) USA v. Hu Ji et al		8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10 REPRESENTATION TYPE (See Instructions)	
11 OFFENSE(S) CHARGED (Cite U S Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18 USC § 951 (a), 18 USC §2261A(I)(B), 18 USC §371 & 3551							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12 PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)							
13 PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). Trial							
14 SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A Apportioned Cost <u>50.00</u> % of transcript with (Give case name and defendant) USA v. Michale McMahon, Yong Zhu							
B <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> 3-Day <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C <input checked="" type="checkbox"/> Prosecution Opening Statement <input checked="" type="checkbox"/> Prosecution Argument <input checked="" type="checkbox"/> Prosecution Rebuttal <input checked="" type="checkbox"/> Defense Opening Statement <input checked="" type="checkbox"/> Defense Argument <input checked="" type="checkbox"/> Voir Dire <input checked="" type="checkbox"/> Jury Instructions							
D In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act							
15 ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act <div style="display: flex; justify-content: space-between;"> <div> S/ Renee M. Wong Signature of Attorney Renee M. Wong Printed Name Telephone Number: (917) 701-0792 <input type="checkbox"/> Panel Attorney <input checked="" type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization </div> <div> 06/08/2023 Date </div> </div>				16 COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted <div style="text-align: center;"> s/Hon Pamela K Chen Signature of Presiding Judge or By Order of the Court 6/14/2023 Date of Order </div> <div style="text-align: right;"> Nunc Pro Tunc Date </div>			
CLAIM FOR SERVICES							
17 COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18 PAYEE'S NAME AND MAILING ADDRESS Telephone Number: _____			
19 SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE							
20	TRANSCRIPT	INCLUDE PAGE NUMBERS	NO OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
	Original						
	Copy						
	Expense (Itemize)						
TOTAL AMOUNT CLAIMED:							
21 CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services Signature of Claimant/Payee _____ Date _____							
ATTORNEY CERTIFICATION							
22 CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received _____ Signature of Attorney or Clerk Date							
APPROVED FOR PAYMENT — COURT USE ONLY							
23 APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court Date							24 AMOUNT APPROVED